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ABSTRACT

Written by a manpower and economic development consultant for the Carlton Family Fund, this paper describes the pioneering role of Mobilication for Youth's New Health Occupations Program (NHOP) in the development of a new model for the use of non-professionals in human services. Innovative training concepts for Social Health Technicians employed by Gouverneur Clinic include the importance of the subprofessional in a flexible service delivery system, an emphasis upon basic education as well as specific skills training, and the assignment of responsible community service work as opposed to routine liaison work with professionals. The Public Service Careers Program of the Human Resources Administration was constructed from the NHOP model, as well as the parallel position of Case Work Assistant within New York City's Department of Hospitals. The Mobilization for Youth's contribution to the "new careers" concept is indicated by the interest of voluntary hospitals in establishing similar training programs and new occupations within their institutions with the guidance of the NHOP staff. (AG)

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MOBILIZATION FOR YOUTH'S NEW MODEL

for

SUBPROFESSIONAL TRAINING:

ITS IMPACT ON NEW YORK CITY'S HEALTH SERVICES

by

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Among the important innovations engendered by anti-poverty programs has been the development to new ways of utilize indigenous nonprofessionals in the delivery of human services to slum and ghetto communities. The impetus for the growing trend toward the employment of nonprofessionals has been provided by (1) shortages in human service institutions - such as health and education - of trained professionals to meet expanding requests for such services, and (2) fulfilling the goal of providing employment and income to residents of disadvantaged communities.

New Careers in human service occupations have been regarded primarily as an employment program for the poor. The two predominant models for the training and employment of nonprofessionals are:

(1) as a link between professionals and the community poor. Professionals have perceived the fact that the economic and social distance between themselves and the client community is a barrier to the successful delivery of professional services. Employment of residents who are indigenous to the client community as part of institutional staffs is regarded as one means of facilitating contact between the professional and the client, earning community legitimacy for the service institution itself and creating another mechanism for the vital task of gathering information needed to determine client needs;

(2) as a means of rationalizing functions currently performed by professionals so that those tasks of an administrative and clerical nature can be assigned to nonprofessionals. In turn, professionals would be freed to perform genuine professional services. This is envisioned as a major method of solving the acute shortage of professionals in the human service fields. In addition, the separation of nonprofessional from professional functions serves the dual purpose of providing employment to the community and meeting professionals' objections to assuming the oppressive burdens of endless administrative detail.

According to the training and employment design adopted by public and voluntary agencies who have accepted these models, "new careers in the human services" means that nonprofessionals can be employed in roles which assist institutions to utilize professionals with maximum efficiency.

The upgrading of nonprofessionals is closely intertwined with the social institutions' ability to facilitate basic educational opportunities for them and find alternate credentialing systems to allow advancement without resort to existing requirements. In the main, the two models are geared to fitting the nonprofessional into the existing service delivery system as auxiliary personnel. In substance, the progression of nonprofessionals to true professional functions and status is external to their job performance. It is related primarily to educational advancement on one hand, and the willingness of employing institutions to lower credentials barriers on the other.

Mobilization for Youth's New Health Occupations Program is a pioneer in the development of a new and important model for the use of nonprofessionals in the human service field. This model is not antagonistic to the traditional roles defined for subprofessionals; the Social Health Technicians trained in MFY's program in cooperation with Gouverneur Clinic have demonstrated their capacity to perform both functions within the broader framework of their job. The unique contribution of MFY's training design is that it enables subprofessionals to perform genuine community service work with ability to negotiate the system, handle much detail and use initiative and judgment in this process. This is a piece of the work normally assigned to professionals. The curriculum as well as worker performance show unmistakably that people with few academic credentials or little previous work experience, who possess leadership potential, can handle more responsibility than the liaison and administrative roles usually assigned to them.

MFY's method is closely related to its concept of the subprofessional as an intrinsic and essential part of the service delivery system within the clinic. It provides generic training in human services as well as specific skills training; it combines a significant emphasis in basic education with teaching of job tasks. The training design and the curriculum has flowed from the service needs of the patients. Gouverneur staff has been flexible enough to relax artificial traditional standards and to test the limits of the technician's ability to meet patient needs. Since the objective of the New Health Occupations Program is to build toward professional capability among Social Health Technicians, the program has offered courses in the broad principles and techniques of social work, community history and community health services systems as well as task-oriented training. The basic education curriculum is founded largely on case material as well as the training course content, which covers a broad range of human services problems and concepts.

Social Health Technicians employed by Gouverneur Clinic are active in recruiting neighborhood residents who need clinic service as well as facilitating the delivery of medical services to clients. They are translators, babysitters and homemakers for clients who require these forms of assistance in order to use Gouverneur's facilities. However, these functions do not circumscribe their activities. In addition, they are cast in the advocate role in behalf of clients. Social Health Technicians are able to maneuver client interests through various city and community agencies. They are able to identify client problems which go beyond the need for medical services and make creative referrals to other social agencies competent to deal with these difficulties. In many instances, technicians develop close personal ties with patients and families and are sophisticated counselors. Their ability to combine the liaison function with counseling and family guidance has not merely relieved professionals of administrative detail. To a certain extent, it has changed the role of the professional from that of a direct community worker to a supervisor fo community workers who look to him for advice and guidance in the course of performing genuine

community service.

Social Health Technicians are included in case seminars where professional social workers review specific individuals and family problems and decide on a course of remedial action. Social workers have found that Technicians have perceptions of problems which lend new dimensions to the case analysis. The nonprofessionals' opinions are formed by actual experience as well as their acquired conceptual tools. In a true sense, they participate in policy determinations regarding the disposition of service delivery.

New Health Occupations Program training is rooted in pedagogical techniques and course content which is keyed to the objective of training for professional service. Even though the trainee does not acquire the full knowledge needed to perform all professional services, he becomes aware of the scope of the information needed for community service professions. NHOP has simulated the real conditions of job performance as well as relying on training assignments within the clinic itself. Case seminars during training explore in depth the social problems as they affect individuals. Emphasis is placed on assisting trainees to conceptualize for themselves the complexities involved in individual problems. Principles are extracted from a concrete examination of each case so that the trainee has a basis for the analysis of other situations which arise in his work.

The extensive use of community service materials in basic education aids in the process of cognitive and conceptual training. Reading and writing skills which are essential to the performance of health technician jobs are imparted in seminar rather than lecture style. Trainees are asked to analyze and propose remedies for actual cases in the form of written reports. By avoiding the separation of skills training from basic education so characteristic of other new careers programs, the training design avoids the danger of abstract methods of teaching the 3 R's which appear meaningless to the trainee and are unrelated to his life. In addition to the practical orientation of basic education, NHOP does prepare trainees for taking the High School Equivalency Diploma examination since this is a basic credential needed for upward or lateral mobility to city employment, college matriculation and other jobs which still require educational prerequisites.

Among the bold approaches of NHOP toward development of trainee self-reliance and self-determination is the fact that the program staff actively encouraged and cooperated with an organization formed by the trainees themselves to protect their interests. Tensions between the clinic and the trainees and between the NHOP staff and the trainees were considerably ameliorated by the supportive posture of the NHOP staff. A staff advisor was assigned to the trainee organization. This placed the program in a good light among trainees despite the fact that they were faced with many insecurities and uncertainties at some points during training: when the program terminated some trainees from the program due to lack of ability; when difficulties were faced in

nailing down entry level salaries; and other abrasive issues. The non-paternalistic attitudes of MFY staff, revealed by its willingness to identify with trainee problems, as well as the close personal interaction between staff and trainees did not avoid difficulties arising from different social and economic status, but it did provide a forum within which these difficulties could be aired and ultimately resolved. The significance of this process as a socialization technique cannot be underestimated. It recognized the independent interests of trainees, but also taught them ways to solve their problems and articulate their demands through rational methods of negotiation instead of unpredictable explosions.

IMPACT ON PUBLIC AND VOLUNTARY INSTITUTIONS IN NEW YORK CITY

There is no doubt that MFY's New Health Occupations Program was among the most prominent models from which the Human Resources Administration's Public Service Careers Program was constructed. The heavy emphasis in the PSCP on basic education and especially on social service skills training within its program was influenced by the objectives and the experience of NHOP. HRA program developers visited and consulted with MFY staff on many problems relating to the training design of their own Public Service Careers Program.

Another important consequence of MFY's program has been the establishment of a parallel occupation within the City's Health Department and within the Department of Hospital's Social Service Department. The new position of Case Work Assistant within the Department of Hospitals has relied on the job descriptions and the training concepts developed by NHOP. MFY staff has been called in to provide technical assistance by the Department which seems prepared to depart from the clerical orientation for new careers development toward a genuine paraprofessional model.

In some respects, NHOP has influenced other health programs in the city indirectly. For example, the new Community Health Centers sponsored by OEO have a strong nonprofessional component in their staffing patterns. During the winter of 1967, New York's Community Development Agency invited local sponsors and administrative staffs of the seven Health Centers in the city to meet with NHOP staff members and other programs of similar character in order to gain the benefit of their experience. The results were not spectacular, if measured by the degree of public acceptance by community groups of the NHOP approach. Most of the speakers from the floor extolled the virtue of community autonomy and questioned whether an agency such as MFY, based on the Lower East Side, had anything to offer the health programs of other communities. After a lengthy and disturbing meeting, it was evident, however, that these newer projects have some interest in learning from NHOP's experience. Most of the material which NHOP had offered to the health groups was taken from the table. In addition, public recriminations notwithstanding, many

training directors and administrators from the health centers followed up by calling upon NHOP for advice, assistance and more material on how to utilize nonprofessionals in the health services field.

This experience shows that, while many communities are reluctant to admit that the methods of a more experienced agency may be useful to them, the difficulties encountered in starting from scratch have forced them to seek support from NHOP. NHOP remains the model, even if conditions within specific communities make necessary deviations from the norms established in its initial demonstration.

Evidence that the MFY contribution to new careers has attracted wide interest is indicated by the fact that a number of voluntary hospitals are currently negotiating with NHOP to establish a training program and a subsequent new occupation within their institutions utilizing the expertise of the NHOP staff.

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